<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
	3. Service Type  ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 1160 [	1001 8275 9354 9354

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540